STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Dani	el Allegretti		
II. Name of lobbyist's partner	rship, firm or corporation, if any:		
N/A			
(Name of partr	nership, firm or corporation)		
111 Market Place	Baltimore	MD	21202
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 224-9653	(410) 468-3541	daniel.allegre e-mail	tti@exeloncorp.com
(Telephone)	(Fax)		
	hoose one – file separate reports f		y file a separate report for
reportable expense transactio	ns which are not attributable to a	ny one client).	
✓ All reportable transactions of the second s	occurring in the months prior to the	reporting date relative to the	e following client:
Exelon Generation Con			· ·
	me of Client as it appears on the Lobby	ist Registration Form)	
<u>OR</u>			
-	y the lobbyist (including the lobbyi	st's family), or the lobbying	firm listed below which are
unrelated to any particular clien	it.		
IV. Date of Report April 2	26, 2017 🗍	July 26, 2017	
-		activity from 4/1/17 to 6/30/17	
	er 25, 2017	January 31, 2018 🗆	
activity fr	om 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/.	17
	received and no reportable tra just this form and submit it to the S		
VI. Check if additional report	ts are attached:		
	r made expenditures, you must file	Addendum A- Fees and Ex	penses
☐ If you have paid an honoral Expense Reimbursement	rium or reimbursed expenses, you n	nust file Addendum B Rep	ort of Honorariums or
☐ If you, your firm, or your fa	amily has made political contribution	ns, you must file Addendur	n C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B and complete to the best of my	, RSA 14-C and RSA 664 and herel	by swear or affirm that the fo	oregoing information is true
Dww. Ch	Gura -	10/17/70 (Date	17
(Signature of lobbyist)		(Date	:)
Daniel Allegretti			RECEIVE
(Print Name of lobbyist)			· ·

OCT 1 7 2017